



## PATIENT

Lady Grossman

## SPECIES

Canine

## BREED

Canine

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

71 Pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUS

## IMAGING PERFORMED BY

Dr. Elaina Petrone

## HOSPITAL NAME

Long Branch AH

## REFERRING VET

Dr. Elaina Petrone

## INVOICE

36690

## DATE

4/22/26

## PRESENTING CLINICAL SIGNS

Initial presentation for weak hind limbs (Feb), prescribed Carprofen, owner perceived a neurologic "reaction". Prednisone prescribed limbs improved. PU/PD developed and persisted despite d/c of pred. Lab work showed elevated liver enzymes: ALT, ALP, GGT USG: 1.030. Crusted dermatitis possibly calcinosis cutis resolving with topical DMSO. Recheck of liver values no change after d/c pred. USG: ranging between 1.020-1.030. ALT: 363, ALP: 1764, GGT: 126. Owners insisted on ACTH stim: pre: 5.2, post: 70. Repeat USGs: average 1.030. AUS today.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.7 cm. Slight pinpoint mineralizations were noted. Pelvic mineralizations were noted in the left kidney. The left kidney measured 3.5 cm.

### *Adrenal Glands*

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.58 cm at the caudal pole and 1.1 cm at the cranial pole.

The **left adrenal gland** revealed largely normal size and mildly swollen contour, measuring 0.74 cm at the caudal pole and 0.67 cm at the cranial pole. However, the left phrenic vein appeared to have minor tissue or thrombus occupation. This should be monitored carefully.

### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### *Liver*

The **liver** itself was unremarkable. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Minor gallbladder calculi were noted, nonobstructive.

### *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### *Pancreas*

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted. This is a mild change.

### ULTRASONOGRAPHIC FINDINGS

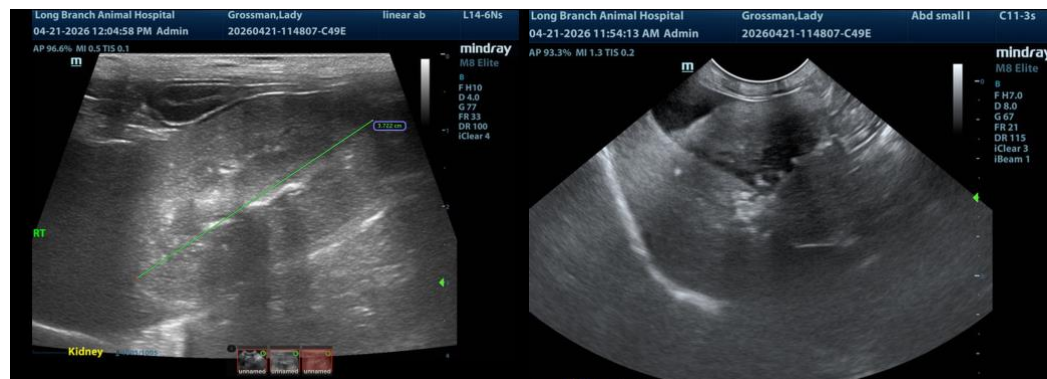
- Age-related renal changes with slight mineralizations
- Gallbladder sludge and calculi
- Irregular left adrenal with phrenic vein occupation - thrombosis or emerging carcinoma possible.
- Pancreatic fibrosis

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressures are warranted. Ursodiol therapy over a 6-8 week period and recheck sonogram at that time of both the gallbladder and the left adrenal gland is warranted. If hypertension is present or the patient appears cushingoid, workup for adrenal dependent cushings is indicated. Concern for left adrenal carcinoma in this patient. PDH with left phrenic vein thrombosis is also possible.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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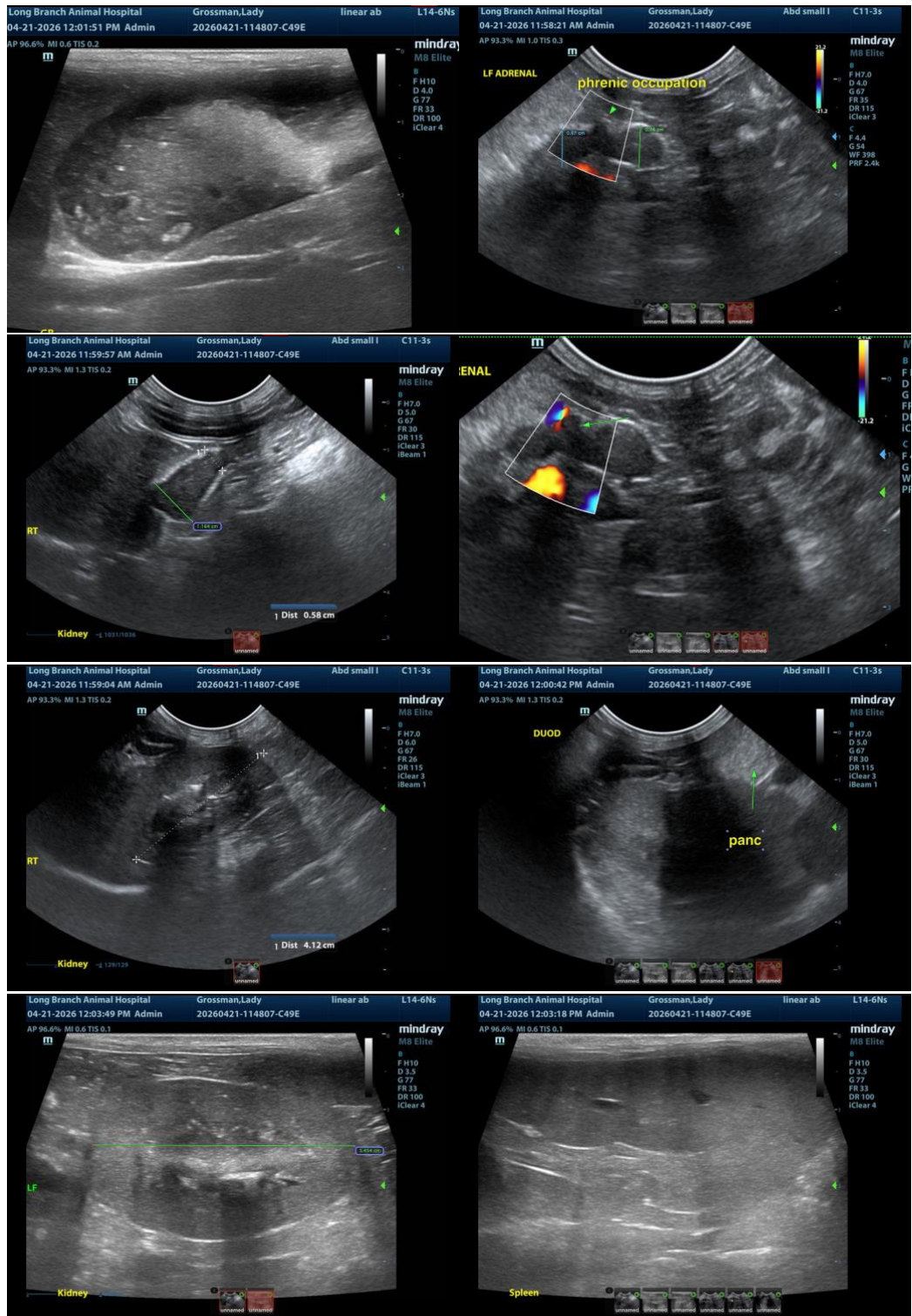
Dr. Elaina Petrone

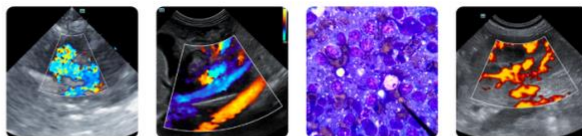
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,  
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[info@SonoPath.com](mailto:info@SonoPath.com)